



COUNTY OF LOS ANGELES

CHIEF INFORMATION OFFICE

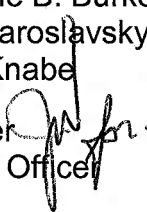
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March 11, 2005

To: Supervisor Gloria Molina, Chair
Supervisor Michael D. Antonovich, Chair Pro Tem
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: Jon W. Fullinwider 
Chief Information Officer

Subject: **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
(HIPAA) STATUS REPORT**

This report provides status on County compliance activities with HIPAA Transactions and Code Sets (TCS) Rules following the October 16, 2003 compliance deadline and efforts towards complying with HIPAA Security Rules by the compliance date of April 20, 2005. The Auditor-Controller is responsible for monitoring and auditing ongoing County department compliance with HIPAA Privacy Rule following its compliance deadline of April 14, 2004 and is submitting a separate semi-annual status report to your Board.

Summary

TCS Rules

County departments' progress towards achieving full TCS compliance is largely unchanged since the last status report. Progress has been limited due to the State's inability to test and implement many required HIPAA transactions or their less than fully compliant implementations of some transactions.

The Department of Health Services (DHS) through its claims processing clearinghouse, Accordis is submitting HIPAA compliant Medi-Cal inpatient claims to the State using revenue codes based upon agreements reached with the State governing TCS processing. As previously reported, the State has indicated that they will not be prepared to accept HIPAA compliant Medi-Cal outpatient claims until calendar year 2006. DHS is continuing efforts internally to expand the use of HIPAA compliant transactions with other trading partners.

The Department of Mental Health (DMH) is processing HIPAA-compliant Medi-Cal claims files to the State. They have continued to experience problems because of the State's inability to handle DMH claim volumes and the State's non-compliant handling of claims involving third party payers, such as Medicare.

DMH is continuing to address Integrated System (IS) performance, reliability and functionality issues. In response to your Board's November 30, 2004 order, DMH is also submitting a monthly HIPAA-related Board report detailing their activities to improve the performance and reliability of the IS and its use by their providers.

Further in this report, we provide information on key County TCS issues as well as providing detailed information on issues affecting County department TCS compliance by transaction.

Security Rule

Affected County departments – DHS, DMH, Probation Department's Kirby Center, and Sheriff's Pharmacy Division – are continuing efforts to comply with the HIPAA Security Rule by the April 20, 2005 compliance date. Total compliance will not be accomplished by that date and those items that remain to be completed will be addressed as they are identified.

Fox Systems, Inc. (FOX), a consulting firm, has been engaged to perform a HIPAA required security risk analysis. The security risk analysis includes an administrative risk assessment, technical security risk assessment, and physical security risk assessment, which is a key requirement under the security rule. FOX is making good progress on the security risk analysis. The technical assessment, which includes an internal and external vulnerability analysis of the network and system hosts which transport or contain electronic protected health information (ePHI), has been completed for the majority of the affected departments. Also, the physical assessments, reviewing facility access controls, workstation use, workstation security and device and media controls, have been completed for many affected departments' facilities. The full analysis is not scheduled to be completed until the end of May 2005.

In parallel with the risk analysis, affected County departments are also conducting required security awareness training, developing HIPAA Security policies and procedures, updating Business Associate Agreements and interdepartmental Memoranda of Understandings with other Departments. Additionally, these affected Departments are taking actions to comply with other requirements specified by the HIPAA Security Rule. Despite assurances by departments that these areas will be addressed by the April 20, 2005 deadline, due to the lack of substantive progress by the departments over the last two months, we feel that their ability to achieve full compliance in these areas is doubtful, as reflected in Attachment B. As a result, we have directed the Departments to provide us with detailed plans delineating the tasks and completion dates for each to achieve compliance. We will continue to meet weekly with these Departments and will monitor progress against their detailed plans.

TCS Compliance Issues

Department of Health Services

- **HIPAA Compliant Medi-Cal Outpatient Claims.** Accordis, the DHS vendor Clearinghouse, is submitting HIPAA compliant Medi-Cal inpatient claims to the State using appropriate HIPAA compliant UB-92 revenue codes based on agreements reached with the State. However, the State is not prepared to accept Medi-Cal outpatient claims and has no concrete plans to do so. On December 2, 2004, the State indicated that they will not be converting the Medi-Cal outpatient claims to be HIPAA compliant during calendar year 2005. However, the State would like to initiate discussions on this issue during the summer of 2005 in order to convert the Medi-Cal outpatient claims to a HIPAA compliant format sometime during calendar year 2006.
- **HIPAA Compliant Encounter Records.** Office of Managed Care (OMC) and DHS hospitals continue to work with LACare to resolve the issues related to the requirement for the submission of HIPAA compliant encounter records from the hospitals. OMC has submitted the DHS data to LACare for review and processing. LaCare identified front end HIPAA edit checks that will require additional programming before the encounter records can be processed. DHS is working with Accordis to develop and implement those edits and anticipates submitting HIPAA claim format data to OMC for validation by end of this month.
- **Inpatient Mental Health Services Claiming.** Three of the four DHS hospitals utilize the non-HIPAA compliant, legacy Mental Health Management Information System (MHMIS) to submit inpatient mental services claims for both Medi-Cal and Short Doyle reimbursement. Harbor/UCLA Medical Center (HUCLA) is the pilot hospital using the HIPPA compliant DMH IS at this time. HUCLA is experiencing problems using the IS to submit completed claims to the State. A meeting was held on March 7, 2005 with Sierra Systems Group (Sierra) and DMH to discuss the issues. Agreement was reached to provide a consolidated and fully updated list of inpatient IS issues before the next scheduled meeting in late March 2005. DMH and Sierra will also be working with HUCLA to provide reports that will assist them in managing their claims in the IS. Sample reports are expected to be available by the next meeting.

Department of Mental Health and Kirby Center

- **HIPAA Compliant Medi-Cal Outpatient Claims.** DMH has been producing HIPAA compliant claims for outpatient services provided by directly operated clinics and contracted providers. Because of processing problems at the State related to the size of DMH's claim file, as well as local issues with IS and provider operations, submission of outpatient claims has not been routine. DMH and Sierra are now engaged in an intensive effort to clear a backlog of claims. The backlog is expected

to be cleared by the end of March 2005. Outpatient claims through December 2005 have been submitted to the State.

Due to the difficulties described above and to mitigate any potential claiming issues, DMH continues to submit claims for outpatient services provided by Fee-for-Service (FFS) contractors through a legacy claiming system in a non-HIPAA compliant format. This work-around has reduced the delays in claim submissions and payments, while FFS functionality problems are addressed.

Finally, DMH and Sierra staffs have been working with contract providers who have a high number of denied claims or have otherwise been unsuccessful in processing claims through the IS. They have been going to provider sites to help them identify operational problems and to teach them how to prevent future problems. In some cases they have been able to identify automated remedies that will address a large volume of claims at one time.

- **HIPAA Compliant Medi-Cal Inpatient Claims.** DMH and Sierra are also working to clear a backlog of Medi-Cal inpatient claims. This backlog has been cut in half just this week and is expected to be cleared within the next two weeks. As discussed above, DMH staff have been working with Harbor/UCLA Medical Center to identify the issues contributing to the suspended and denied claims and the actions required to prevent them in the future as well as working with DHS to resolve the existing denied claims.
- **HIPAA Compliant Medicare Claims.** DMH and Sierra have submitted HIPAA-compliant claims to Medicare, but with mixed success. Recent claims files have been accepted and processed, only to lead to difficulties getting a remittance advice (payment) file that DMH and Sierra can process. Another recent issue has come up with an undocumented limitation on the claim identification number in the Medicare fiscal intermediary's information system that has made it necessary for Sierra to make programming changes to the IS. Barring any further undocumented problems with the Medicare fiscal intermediary, DMH and Sierra are expected to begin clearing the Medicare claims backlog within the next two weeks. This is a small volume of claims and a small dollar amount. Once reprocessing starts, the Medicare backlog should be cleared in a matter of days.
- **Integrated System Improvements.** DMH, Sierra, and the Internal Services Department (ISD) have worked together to prepare an Integrated IS Improvement Plan. This plan is a comprehensive and coordinated program of activity to identify the sources of IS-related problems and systematically addresses them in order to achieve a reliable claims processing platform that DMH and its providers need. The plan addresses hardware, software, procedures, training, and provider communications. It also includes actions that can be taken in the short term to provide some relief to providers and more ambitious actions that will require more time, but have a very significant and positive impact on the use of the system.

Security Rule Compliance Issues

- **HIPPA Security Risk Analysis.** As discussed above, the full security analysis is not due to be completed until the end of May 2005 – a month after the April 20th compliance deadline. To expedite compliance efforts, departments will be briefed prior to March 31, 2005 on report findings identifying high-risk issues and recommendations for improvement. In addition, full draft reports will be provided in April 2005 to each department identifying and ranking risk areas and making recommendations to mitigate or reduce potential vulnerabilities. These report results will be used to guide County and departmental risk mitigation efforts.
- **Increased HIPAA Risk Analysis Scope.** DHS has recently identified additional areas that need be addressed by the HIPAA Risk Analysis. The Office of Managed Care (OMC), DHS' Knox-Keene licensed health plan, will undergo a complete assessment (administrative, technical, and physical) to ensure that proper controls and protections are in-place in accordance with the HIPAA Security Rule. In addition, DHS has requested additional technical assessments based on results from the external and internal penetration analysis that have been completed. Both of these expansions to the scope of the analysis will provide for a more comprehensive assessment. The current Information Technology Software Services Master Agreement (ITSSMA) Work Order will be amended to allow for the additional activities.

Should you have any questions, please call me at 213.974.2008 or Jonathan Williams, Chief Deputy, at 213.974.2080.

JWF:GM:DH:ygd

Attachments

c: Department Heads
Chair, Information Systems Commission

| Organization | Transactions | Compliance Strategy | County Complete & Ready To Test With Trading Partner | Trading Partner Testing Complete | Transaction in Production Use | Comments |
|--|--|---|--|------------------------------------|------------------------------------|---|
| DHS Hospitals and Associated Clinics | Health Care Claim (837) Outbound | Outsource to Clearinghouse (Accordis) | | Inpatient - Yes Outpatient - No | Inpatient - Yes Outpatient - No | Accordis (DHS Clearinghouse) is submitting Medicare inpatient and outpatient 837 claims using approved HIPAA compliant Transaction Code Sets (TCS) information reflective of all-inclusive rate revenue codes. Accordis is submitting HIPAA-compliant Medicare non-hospital 837 claims to the Fiscal Intermediary (NHIC). |
| | Health Care Claim (837) Outbound | Outsource to Clearinghouse (Accordis) | | | | Accordis is submitting HIPAA-compliant inpatient Medi-Cal claims with "from" service dates beginning February 1, 2004, through the Medi-Cal Fiscal Intermediary (EDS). On December 2, 2004, the State indicated that they will not be converting the Medi-Cal outpatient claims to be HIPAA compliant during calendar year 2005. However, the State would like to initiate discussions on this issue during the summer of 2005 in order to convert the Medi-Cal outpatient claims sometime during calendar year 2006. |
| | Health Care Claim (837) Outbound | Outsource to Clearinghouse (Accordis) | | | | DHS is submitting HIPAA 837 encounter data, via its clearinghouse (Accordis), to OMC. The encounter data submitted is consistent with the data required by the CDHS in processing inpatient Medi-Cal fee-for-service claims, and claims submitted to other health plans. OMC has submitted the DHS data to LACare for review and processing. OMC reported that the file will require additional programming in order to meet LACare's front end HIPAA edit checks. The file will then be subject to LACare's back end claims processing cycle and edits. |
| | Remittance Advice (835) | Outsource to Clearinghouse (Accordis) | | | | In the second phase of the OMC Encounter Data Reporting, Accordis anticipates submitting HIPAA compliant ancillary data to OMC during March 2005 due to the additional work required to meet LACare's front end HIPAA edit checks. |
| DHS Public Health Clinics | Eligibility Inquiry & Response (270/271) | Quadramed Affinity/Provider Advantage 270/271 | | | | Medi-Cal is generating both the non-HIPAA and HIPAA compliant remittance advice documents (RAs). In order for a provider to receive the HIPAA compliant RAs, they must submit new provider enrollment forms. DHS has submitted the necessary provider enrollment forms in order to obtain the HIPAA compliant RAs. The State has processed and approved 69 enrollment forms. Since they have not responded to the eight (8) remaining enrollment forms, we resubmitted another set of forms for processing. Until the State terminates the non-HIPAA RAs, DHS plans to process both the non-HIPAA and HIPAA RAs since the non-HIPAA RAs contain additional information that does not reside on the HIPAA RAs. |
| | Health Care Claim (837) Outbound | Outsource to Clearinghouse (Accordis) | | | | The State continues to operate the non-HIPAA compliant Online Eligibility System (OES) for obtaining Medi-Cal eligibility information. The State has not officially announced when they will terminate the use of the OES or the acceptance of non-HIPAA compliant 270/271 transactions; therefore, the County will continue to utilize this system for obtaining Medi-Cal eligibility information. Since the State has updated their Point-of-Service (POS) system to meet HIPAA requirements, the County will continue to utilize this system for obtaining Medi-Cal eligibility information. |
| DHS Public Health Clinics | Remittance Advice (835) | Paper | | | | No change to existing process. |
| | Health Care Claim (837) Outbound | Outsource to Clearinghouse (Accordis) | | | | The administrative code sets were implemented as scheduled on 10/16/03. Claims with service dates 09/22/03 and greater were submitted to the State and have been adjudicated. |
| DHS Public Health Clinics | Remittance Advice (835) | Paper | | | | No change to existing process. |
| | Health Care Claim (837) Outbound | Outsource to Clearinghouse (Accordis) | | | | With regards to the implementation of national code sets, the State has not provided instructions on how to convert the local revenue codes to national codes. Therefore, until the information is received from the State, the clearinghouse vendor, Accordis, is unable to comply with HIPAA TCS regulations. Testing for format has been completed with the State and Accordis has received notification that it passed all format testing. |

Los Angeles County
Summary HIPAA Transactions and Code Sets Status

| Organization | Transactions | Compliance Strategy | County Complete & Ready To Test With Trading Partner | Trading Partner Testing Complete | Transaction in Production Use | Comments |
|---|--|---|--|----------------------------------|-------------------------------|--|
| DHS Alcohol and Drug Programs Administration | Health Care Claim (837) Outbound | Custom coded front-end upgrade to capture the HIPAA data elements. Accordis, a clearinghouse, will process the actual transaction. | | | | DHS Alcohol and Drug Programs Administration (ADPA) is submitting HIPAA-compliant 837 claims transactions to the State Department of Alcohol and Drug Programs (SADP) through its clearinghouse vendor, Accordis. |
| | Health Care Claim (837) Inbound | Paper | | | | No change to existing process. |
| | Remittance Advice Outbound (835) | Paper | | | | No change to existing process. |
| | Remittance Advice Inbound (835) | Paper | | | | No change to existing process for the time being. The State has not provided a date by which they will implement a HIPAA compliant remittance advice (835) transaction. |
| | Health Care Claim (837) Inbound | Vendor (HMS) modifying PMS to accept HIPAA compliant claim transactions from out-of-plan providers. | | | | The X.12 837 transaction is certified by Claredi, however no trading partners have contacted CHP to conduct HIPAA-compliant transactions. OMC will continue processing this transaction in pre-HIPAA format consistent with the contingency plan, or on paper, until trading partner testing is complete. DHS has completed setting up a virtual private network with Claimsnet and OMC has completed system testing with Claimsnet. OMC continues outreach efforts to identify potential trading partners with out-of-network hospitals and physicians with whom to begin testing. No negative impact to OMC business processes or revenue flow has occurred. Status changed from "Not complete" to "Not complete for reasons beyond the control of the County" because CHP is technically ready to receive a 837 I&P should one be sent. |
| | Health Care Encounter (837) Inbound | Interface engine software being installed to feed the OMC Data Warehouse. Using clearinghouse (DDD) to translate incoming proprietary format from non-County providers to HIPAA-compliant 837 format. | | | | OMC is accepting HIPAA-compliant 837P transactions from non-County providers via a clearinghouse (DDD) and they are testing the 837I. OMC is evaluating the transactions from DHS hospitals transmitted through Accordis. Please refer to the "Health Care Claim (837I) Outbound" status in the above "DHS Hospitals and Associated Clinics" section. OMC has modified its legacy system to process the transactions between DHS hospitals and OMC until the production server and the new interface engine is installed and completely tested. OMC is currently configuring the interface engine that will allow receipt of HIPAA-compliant 837I encounter records from DHS hospitals and will replace the interim solution now being tested. |
| DHS Office of Managed Care (OMC) | Health Care Encounter (837) Outbound | Data extracted from Data Warehouse will feed translator software to produce HIPAA compliant transactions. | | | | CHP is fully compliant on the submission of non-County provider transactions via a clearinghouse (DDD). No negative impact on business processes or revenue flow is anticipated. |
| | Remittance Advice (835) Outbound | Vendor (HMS) modified PMS to produce HIPAA compliant transactions. | | | | The X.12 835 transaction is certified by Claredi, but it has not yet been tested with trading partners and no trading partner has requested remittance advice information in electronic format. OMC is currently providing 835 equivalent information on paper to its trading partners. HIPAA compliance is a non-issue until a switch is made to an electronic transaction. No negative impact on business processes or revenue flow has occurred. |
| | Health Care Enrollment and Disenrollment (834) | Vendor (HMS) modified PMS to produce HIPAA compliant transactions. | | | | OMC was able to process a compliant X.12 834 transaction as of the October 16, 2003 deadline. DHS currently provides its eligibility roster electronically to certain plan providers, including DHS facilities. OMC is in production with processing the 'Healthy Families' new data vendor, Maximus, and is in the final testing stage with LA Care, for Medi-Cal and will be in production March 2005. |

Los Angeles County
Summary HIPAA Transactions and Code Sets Status

| Organization | Transactions | Compliance Strategy | County Complete & Ready To Test With Trading Partner | Trading Partner Testing Complete | Transaction in Production Use | Comments |
|--|--|--|--|----------------------------------|-------------------------------|--|
| | Premium Payment Order/ Remittance Advice (820) | Vendor (HMS) modifying PMS to accept and translate HIPAA transactions. | | | | The State Healthy Families Program (HFP) is not expected to be ready to test the X.12 820 transaction with trading partners until the spring of 2005. HFP stated that the 820 electronic file they currently distribute is "materially compliant." The necessity for OMC to receive an X.12 820 transaction is settled and the need to generate an outbound 820 is still being investigated. OMC has completed custom programming modifications to its Patient Management System (PMS) that will allow it to receive and process the inbound 820 transaction, but has reached a point where they can make little progress without more information from the State. OMC will convert the 820 transaction file received from HFP to a flat file that will be sent to OMC Finance, thus mitigating any negative impact on OMC Finance or County Treasurer and Tax Collector (TTC) operations. In the interim, DHS will continue to process transactions in pre-HIPAA format. No negative impact on business processes or revenue flow is anticipated. |
| | Eligibility Inquiry & Response (270/271) | Vendor (HMS) modified PMS to produce HIPAA compliant transactions. | | | | OMC is ready to receive a 270 and return a 271. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions, and those that are interested do not yet meet the OMC's minimum trading partner requirements. Hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred. |
| | Claim Status Summary (276/277) | Vendor (HMS) modified PMS to produce HIPAA compliant transactions. | | | | OMC is ready to receive a 276 and send a 277. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions, hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred. |
| | Health Care Service Review (278) | Vendor (HMS) modified PMS to produce HIPAA compliant transactions. | | | | OMC is ready to receive and send a 278. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions, hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred. |
| | NCPDP | Pharmacy Benefit Management Contractor | | | | Contractor (PCN) is responsible for HIPAA Compliance of NCPDP transactions. |
| DHS California Children's Services | Health Care Claim (837) Outbound | In-house development of 837 transaction output | | | | Completed. Process is now routine. |
| | Health Care Claim (837) Inbound | Paper | | | | No change to existing process. |
| | Remittance Advice (835) | Vendor (EDS) supplied via website | | | | Completed. Process is now routine. |
| | NCPDP | Paper | | | | No change to existing process. |

| Organization | Transactions | Compliance Strategy | County Complete & Ready To Test With Trading Partner | Trading Partner Testing Complete | Transaction in Production Use | Comments |
|------------------------------------|--|--|--|----------------------------------|-------------------------------|--|
| DMH Department of Mental Health | Health Care Claim (837) | Integrated System - Wrapper of MHMIS and FFS (EDS) | | | | The HIPAA-compliant X.12 837 transaction produced by the Integrated System (IS) had to be modified, on a temporary basis, to accommodate a non-compliant implementation of the 837 transaction at the State with regard to handling third-party payers such as Medicare. Another change, this time permanent, had to be made to accommodate the State's inability to handle DMH claim file size. No file size limitation was identified in the State Companion Guide to the 837 transaction. These two changes requested by the State held up September - December 2004 claims until January 2005. |
| | Health Care Enrollment and Disenrollment (834) | Integrated System - Wrapper of MHMIS and FFS (EDS) | | | | No change from last report. DMH began using the Integrated System (IS) to exchange the X.12 834 HIPAA transaction with Fee-for-Service Network Providers on November 24, 2003. DMH began using the Integrated System (IS) to exchange the X.12 834 HIPAA transaction with Short-Doyle providers on February 9, 2004. State and Federal compliance status is not relevant to or a constraint on this transaction. |
| | Remittance Advice (835) Inbound | Integrated System - Wrapper of MHMIS and FFS (EDS) | | | | No change from last report. The State continues to send an 835 Remittance Advice file that is not technically correct and fully HIPAA-compliant. They continue to send the legacy Explanation of Benefits transaction with the information missing from the 835. The State has embarked on an effort to make their 835 file fully HIPAA compliant. |
| | Remittance Advice (835) Outbound | Integrated System - Wrapper of MHMIS and FFS (EDS) | | | | No change from last report. DMH pays for some services directly to the provider and for those services on the IS, they are currently producing HIPAA compliant X.12 835 remittance advice transactions within the IS. FFS providers do not yet receive a HIPAA-compliant X.12 835 for approved claims since their claims are still sent to the State in a non-compliant format. They have received HIPAA compliant 835s for denied claims. While this transaction is in production use, its status is "yellow" because it is in limited use with a limited number of trading partners involved at this time. |
| | Eligibility Inquiry & Response (270/271) | Integrated System - Wrapper of MHMIS and FFS (EDS) | | | | No change from last report. DMH does not yet exchange a HIPAA-compliant ANSI X.12 270/271 transaction with the State. DMH does use the transaction internally and successfully. The State is working on an implementation of the 270/271 and DMH will transition to the compliant transaction in coordination with the State. The Status will remain "yellow" until the State 270/271 is tested and implemented. |
| | Authorization (278) | Integrated System - Wrapper of MHMIS and FFS (EDS) | | | | No change from last report. The Integrated System began processing X.12 278 transactions internally with Fee-for-Service network providers on November 24, 2003. State Medi-Cal will not support compliant authorization transactions this year. DMH will continue to process transactions in a pre-HIPAA format with the State in the meantime. No negative impact on business processes or revenue flow is anticipated. While this transaction is in production use, its status is 'yellow' because of the limited number of trading partners involved at this time. |
| | Health Care Claim Status Summary (276/277) | Integrated System - Administrative Transactions | | | | No change from last report. DMH is presently offering the 276 and 277 X.12 transactions to Fee-for-Service network providers and Short-Doyle contract providers who are sending HIPAA compliant claims via EDI, but it is not a transaction currently used. It will likely become more important to them as they begin to process more HIPAA-compliant claims transactions. State Medi-Cal will not support compliant status reporting transactions this year. The complexity of managing compliant local data without corresponding State transactions will introduce minimal risk. |
| | NCPDP | Integrated System - Wrapper of MHMIS | | | | No change from last report. The HIPAA-compliant NCPDP transaction became available for production use on February 9, 2004. No pharmacy providers are testing or using IS pharmacy functionality in production. Changes to the Pharmacy IS Deployment Plan have been identified, but not formally documented. The documentation effort is on hold until more pressing IS issues are resolved. This is expected to have no negative impact on pharmacy providers. |

LEGEND:

Step complete

Not complete for reasons beyond the control of County

Not complete

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)

| Security Rule (Compliance Date April 20, 2005) | | | | | | |
|--|--|--|--|--|---|--|
| | Department of Health Services | Department of Mental Health | Probation – Kirby Center | Sheriff - Pharmacy | Total County | |
| Initial Security Training | Total to be Trained: 22,500 Trained to Date: 14992 Planned for next period: 300 | Total to be Trained: 3,710 Trained to Date: 3,636 Planned for next period: 174 | Total to be Trained: 20 Trained to Date: 20 Planned for next period: 0 | Total to be Trained: 49 Trained to Date: 49 Planned for next period: 0 | Total to be Trained: 26279 Trained to Date: 18,697 Planned for next period: 474 | |
| Comments | 1. The statistics referenced above indicate each department's status in completing initial HIPAA Security Training. The figures were revised to reflect the fact that the HIPAA Comprehensive course from HCCS constitutes initial security training. 2. The Chief Information Security Officer (CISO) is coordinating the training efforts for the County between the various departmental project managers. Each department is required to manage and track their workforce's progress towards completing the assigned training. This includes ensuring that all personnel and volunteers are assigned to complete the initial training curriculum. | | | | | |
| Publication of Security Policies, Procedures and Forms | Policies Required: 20 Policies Complete: 14 Planned for next period: 6 | Policies Required: 20 Policies in Process: 20 Planned for next period: 0 | Policies Required: 20 Policies In Process: 0 Planned for next period: 0 | Policies Required: 20 Policies In Process: 0 Planned for next period: 0 | Policies Required: 80 Policies In Process 26 Planned for next period: 6 | |
| Comments | 1. The department security officers are developing HIPAA Security Policies and Procedures to comply with HIPAA security rules. These policies and procedures must be adopted and distributed within the affected departments, no later than April 20, 2005. 2. Most of the policies and procedures needed for DHS have been approved by Dr. Garthwaite. DMH will use a copy of DHS policies modified for their needs. | | | | | |
| Business Associate Amendments | Amendments Required: 100 Amendments Executed: 0 Planned for next period: 0 | Amendments Required: 250 Amendments Executed: 0 Planned for next period: 0 | Amendments Required: 100 Amendments Executed: 0 Planned for next period: 0 | Amendments Required:3 Amendments Executed: 0 Planned for next period: 0 | Amendments Required: 453 Amendments Executed: 0 Planned for next period: 0 | |
| Comments | The Board delegated authority to Department Heads to execute amendments to existing agreements with business associates. The amendment language has now been approved and covered entities may begin the update process. | | | | | |
| Interdepartmental MOUs | No. of MOUs Required: 5 No. of MOUs Executed: 0 Planned for next period: 0 | No. of MOUs Required: 5 No. of MOUs Executed: 0 Planned for next period: 4 | No. of MOUs Required: 5 No. of MOUs Executed: 0 Planned for next period: 0 | No. of MOUs Required: 5 No. of MOUs Executed: 0 Planned for next period: 0 | No. of MOUs Required: 20 No. of MOUs Executed: 0 Planned for next period: 4 | |
| Comments | The Board approved the use of interdepartmental MOUs to support the continued exchange of protected health information (PHI) between the three HIPAA covered components and the five County departments (CAO, Counsel, Auditor, Treasurer and ISD) identified as providing services that require access to PHI. Modifications must be made to the existing MOUs to support security requirements for EPHI | | | | | |
| Legend | | | | | | |
| | Timely Completion in Doubt | | | | | |
| | Timely Completion Probable | | | | | |
| | On Schedule for Completion | | | | | |